

**THE MARYLAND
HEALTHY KIDS
PROGRAM**

**Early and Periodic Screening
Diagnosis, and Treatment (EPSDT)**

**PROVIDER CERTIFICATION
REQUIREMENTS**

A Medical Assistance Program

**Maryland Department of Health and Mental Hygiene
201 West Preston Street
Baltimore, Maryland 21201
410-767-1485**

**Parris N. Glendening
Governor**

**Georges Benjamin, M.D.
Secretary**

PROVIDER QUALIFICATIONS , MARYLAND HEALTHY KIDS PROGRAM

To participate in the EPSDT/Healthy Kids program, a primary care provider must agree to adhere to the standards for preventive health as set forth in the Maryland Healthy Kids Program Screening Manual. All providers who deliver preventive health care services to children and teens under 21 years of age must be certified by the Maryland Healthy Kids program. See the conditions for participation on the Provider Application for Certification form.

If a provider is not enrolled in the Medical Assistance Program, and wishes to be certified as a Healthy Kids provider, the provider must participate as an MCO network provider, complete the Provider Application for Certification, and receive full certification by the Maryland Healthy Kids Program.

In addition to the individual certification, the following health facilities must also be certified:

Children and Youth Clinic	Managed Care Organization (MCO)
Maryland Qualified Health Center	Health Maintenance Organization (HMO)
Federally Qualified Health Center	Hospital Outpatient Department (OPD)
Free Standing Clinic	

SERVICES FROM STATE AND LOCAL HEALTH DEPARTMENTS

Participating providers receive Healthy Kids updated manuals, educational materials, and specialized services offered by the state and local health departments.

Regional Nurse Consultants...

- * Certifies new health care providers and gives applicable clinical and billing materials
- * Interprets Medicaid health policies and federal regulations
- * Provides orientation and staff training for program screening procedures
- * Provides clinical record reviews to ensure quality improvement of the program
- * Provides direct assistance with Medicaid billing or service encounter data
- * Provides professional nursing guidance and support
- * Provides liaison contact with community organizations

Other services from the state health department...

- Outreach pamphlets, appointment cards
- Resources and Referrals for community services from the Maryland Children's Health Program Information Line
- Free vaccines from the Vaccines for Children Program
- Access to a toll free number for the Maryland Healthy Kids Program
- Assistance to meet the requirements of providing timely services to special needs children

Services from local health departments...

- + Tracking children under age two for high risk conditions
- + Case finding non-adherent children under age two for missed appointments
- + Tracking children and teens under age 21 who need follow-up treatment
- + Performing MA eligibility for pregnant women and children
- + Recipient education about HealthChoice
- + Assistance with obtaining related services, as WIC
- + Ombudsman services

**THE MARYLAND HEALTHY KIDS/EARLY AND PERIODIC SCREENING, DIAGNOSIS AND TREATMENT
(EPSDT) PROGRAM
PROVIDER CERTIFICATION FOR PARTICIPATION APPLICATION**

Provider Name: _____ **Group Name:** _____
Primary Address: _____ **Group Number:** _____

City: _____ **State:** _____ **Zip:** _____ **County:** _____
Contact Person: _____ **Telephone:** (____) - _____
_____ **Fax:** (____) - _____
Specialty: _____ **Ages Served:** _____
MCO Participation (specify each Medicaid MCO): _____ / _____ / _____ / _____

I. PROVIDER QUALIFICATIONS (Check all that apply):

- () Currently participating in the Maryland Medical Assistance Program with the following:
Individual provider number _____ .
- () Licensed in the jurisdiction in which the services are delivered; specify each state _____ .

Provider shall meet one of the following requirements: (specify)

- Be board-certified, (circle specialty) pediatrics, family practice, internal medicine;
- () Be a licensed physician or osteopath, or certified nurse practitioner, delivering primary health care to children and adolescents;
- () Be a local health department or free standing clinic.

II. CONDITIONS FOR PARTICIPATION

All providers rendering preventive screening services to children must meet the following conditions, which are specified in the Maryland Healthy Kids/EPSDT Program regulations (COMAR 10.09.23):

- (1) Provide or ensure the provision of the full set of screening procedures as outlined in the Healthy Kids Schedule of Preventive Health Care and in a manner prescribed by the Department in the Healthy Kids Provider Manual;
- (2) Provide interperiodic partial and full screening as deemed medically necessary;
- (3) Provide or arrange for: a) referrals for diagnosis, treatment, and follow-up services if the screening indicates a need for additional services; b) acute and tertiary care; c) long-term and rehabilitative care; and d) referrals for speciality mental health care when appropriate;
- (4) Inform the parent or guardian of the need for preventive health care visits at the time of enrollment or assignment, and schedule appointments to facilitate adherence to the periodicity schedule (Schedule of Preventive Health Care).

- (5) Agree to cooperate with state and local health department efforts to assure that children receive needed follow-up and treatment services. This requires referrals to the local health departments when appropriate to track children for missed appointments and delays with immunizations and treatment services;
- (6) Maintain a patient record system which is sufficiently detailed and current to allow another physician who is unfamiliar with the patient to properly continue treatment in the absence of the primary care physician. Additionally, the record must sufficiently document the preventive screening components in accordance with the Healthy Kids Schedule of Preventive Health Care;
- (7) Agree to on-site visits by the State program staff who will:
- * Verify provider qualifications,
 - * Assess the need for provider/staff training, technical assistance, or in-service training,
 - * Determine if equipment necessary to perform required procedures is available, functioning and being properly used,
 - * Review/audit Medical Assistance recipient charts to determine if the program standards are being met, if the quality and quantity of child health services delivered is sufficient, and if appropriate referral and treatment services are adequately provided; and
- (8) Agree to cooperate with Department efforts to provide timely access for all child health services including services for special needs children and children in state supervised care.

PROVIDER AGREEMENT STATEMENT

I _____ (print name) agree to comply with requirements listed in Section II Conditions for Participation and understand I may be granted an administrative certification upon review of my application. I also understand that I may receive full certification status only after the completion of an on-site review.

Signature: _____ Date: _____

DEPARTMENT CERTIFICATION

This provider meets the provider qualification requirements and conditions for participation listed in Sections I and II.

_____ Administrative Certification pending a face-to-face certification visit is granted on (date) _____

_____ Full Certification granted on (date) _____ . On-site review completed (date) _____

EPSDT Program Nurse Consultant: (print) _____ Signature: _____

**MARYLAND HEALTHY KIDS PROGRAM
EQUIPMENT/SUPPLIES/RESOURCES CHECKLIST**

Provider's Name: _____ Provider MA# _____

Group Name: _____ Group MA # _____

Type of Visit: () Certification () Quality Assurance () Other, specify: _____

Ages Screened : 0-2 _____ 3-6 _____ 7-20 _____ Other () Date: _____

Nurse Consultant: _____ Office Contact: _____

<u>Required Equipment/Supplies</u>	<u>Optional Equipment/Supplies</u>		
<p>MEASUREMENTS:</p> <p>___ Upright Balance Scale</p> <p>___ Balance Beam for Infants</p> <p>___ Fixed measuring tape/rod</p> <p>___ Measuring Tape</p> <p>___ Growth Charts</p> <p>___ Child's Blood Pressure Cuff (to 10 cm.)</p> <p>___ Adult Blood Pressure Cuff (to 13 cm.)</p> <p>___ Obese Blood Pressure Cuff</p> <p>LABORATORY:</p> <p>___ Blood drawn at outside lab or</p> <p>___ CLIA Certified</p> <p>___ Vacutainer _____</p> <p>___ Capilector _____</p> <p>___ Metabolic/Hereditary Disorders Slips</p> <p>___ Hematocrit Centrifuge</p> <p>___ Tuberculin Test: Mantoux (PPD)</p> <p>VACCINE AND STORAGE:</p> <p>___ VFC vaccines</p> <p>___ Provider Purchased vaccines</p> <p>___ Vaccine Information Sheets (VIS)</p> <p>Refrigerator:</p> <p>___ Standard _____ Compact _____ Other _____</p> <p>Thermometers: Freezer _____ (Temp: 5 F; -15 C)</p> <p style="padding-left: 40px;">Refrig _____ (Temp: 35-46 F; -1.7-7.8 C)</p>	<p>VISION: Titmnus machine or:</p> <table style="width: 100%;"> <tr> <td style="width: 50%; vertical-align: top;"> <p>Vision Acuity</p> <p>___ Chart or</p> <p>___ Stereo Slide</p> <p>Muscle Balance</p> <p>___ Occluder or</p> <p>___ Stereo Slide</p> </td> <td style="width: 50%; vertical-align: top;"> <p>Fusion</p> <p>___ Worth 4 Dot, or</p> <p>___ Stereo Slide</p> <p>___ Other, specify _____</p> <p>Hyperopia</p> <p>___ +1.75 Lens, or</p> <p>___ Stereo Slide</p> </td> </tr> </table> <p>HEARING:</p> <p>___ Audioscope (Welch-Allyn)</p> <p>___ Pure Tone Audiometer with double earphones; capable to test at 20 dB and 1000,2000,4000 Hz.</p> <p>___ Calibrated within past year</p> <p>DEVELOPMENT:</p> <p>___ DDST II Kit _____ Denver Manual</p> <p>___ Denver II Forms _____ PDQ II Forms</p> <p>___ Other, specify _____</p>	<p>Vision Acuity</p> <p>___ Chart or</p> <p>___ Stereo Slide</p> <p>Muscle Balance</p> <p>___ Occluder or</p> <p>___ Stereo Slide</p>	<p>Fusion</p> <p>___ Worth 4 Dot, or</p> <p>___ Stereo Slide</p> <p>___ Other, specify _____</p> <p>Hyperopia</p> <p>___ +1.75 Lens, or</p> <p>___ Stereo Slide</p>
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Community Health and Safety

___ Handicapped accessibility

___ Towels/Hot Air Dryer

___ Soap Dispenser

___ Toilet paper

9/99

PROCESS OF CERTIFICATION FOR HEALTHY KIDS PROGRAM

Who needs this? All physician, osteopath and nurse practitioner providers caring for Medical Assistance patients under the age of 21.

How do I initiate this? Submit a completed Healthy Kids Provider Application for Certification to the Healthy Kids Program, Maryland Department of Health and Mental Hygiene (DHMH), Room 134, 201 W. Preston Street, Baltimore, Maryland, 21201.

What is the certification process? An educational meeting with a Healthy Kids nurse consultant to learn the Healthy Kids Program requirements. This is done in the providers' office at a mutually convenient time. It is desirable to meet with all providers in a practice simultaneously.

Do I use my existing individual or group Medical Assistance provider number? Yes. After the provider agrees to the 'Conditions of Participation', and the certification meeting has occurred, the nurse consultant authorizes an internal code, specifically for the Healthy Kids Program, be added to the applicable MA provider number, whether individual or group payee.

Is Healthy Kids certification necessary if I see children in an MCO? It is recommended because Managed Care Organizations must be certain that any provider in their network seeing patients under age 21 are certified for the Healthy Kids Program. After certifying a provider, the nurse consultant sends a letter to the newly certified provider with a copy to the relevant MCOs.

What are frequently asked questions? (check list for the office)

1. Do all applicable providers have Maryland Medical Assistance provider numbers?
If not, call Provider Master File, 410-767-5340.
2. Do all applicable providers have Healthy Kids certification?
If not, call the Healthy Kids Program, 410-767-1485.
3. Does the Medical Assistance number used for billing purposes have Healthy Kids authorization? If uncertain, call the Healthy Kids Program, 410-767-1485.
4. Have I notified both Provider Master File and the Healthy Kids Program of any changes in providers, address, phone number or practice name change? If not, send written notice signed by the provider, preferably on practice letterhead, to Provider Master File at Maryland DHMH, PO Box 17030, Baltimore, Md. 21203. Send a copy of that communication to: Healthy Kids Program, Maryland DHMH, Room 134, Baltimore, Md. 21201.
5. Are all the individual provider numbers listed under the billing number used?
If unsure, call the Provider Master File, 410-767-5340.
6. Has the tax identification number I use changed? If a tax ID number changes, you must apply for a new MA number. Call 410-767-5340.
7. Are the professional licenses of all providers current? The Healthy Kids authorization code cannot be affixed to an expired license. Call 410-767-5340 if in question. If renewal was done near or after the expiration date, send a copy of the current license to Provider Master File, Maryland DHMH, PO Box 17030, Baltimore, Md. 21203.